

Contact Person On Site (Sponsor):

## AMUSEMENT ATTRACTION INSPECTION REQUEST FORM



30 DAY NOTICE REQUIRED  Does the filing of this inspection request form provide the Commissioner with at least 30 days of advance notice of the need for INSPECTION as required by law?   YES NO If no, you must provide a written explanation:										
Forv	vard Comple	ted Form ar	ıd Requ	ired Do	ocumentatio	on To Below	Address			
INDIVIDUAL OWNER INSPECTION INFORMA	R IS RESP	ONSIBLE	FOR S	SUBMI	TTING TH		COMAR 09.12.62, <i>EACH</i> RED AMUSEMENT RIDI			
Owner Identification										
Name of Amusement Ri	de Company:									
Owner / Representative	Name:									
Street Address:			T	City:						
State:	Zip Code:	de: Email								
Phone:		Cell:				Fax:				
Signature of Owner/Aut	horized Repre	esentative:								
In making this request for insurance in accordance was submitted to the Com	vith Business 1	Regulation A	Article T	itle 3 an	d that a cert		d by general liability irance detailing the coverage			
Inspection Reques <u>Location Information</u>	ted for:	Date	Time	e						
Site Name:										
Site Address:										
County:	Cit	ty:			Zip Code:		# of Rides:			
Arrival Date:			Departure Date:							

Phone:

The information requested below is for scheduling purposes and must be completed. Inspections are prioritized based upon the required 30 day advance notice for the rides you identify. If after the Inspection Request is submitted there are changes in playing dates, location, or if the rides will not be ready for inspection call 410-767-0909. The Amusement Ride supervisor will respond to your call. You may also scan and send an amended Inspection Request Form to <a href="mailto:ARrequest@dllr.state.md.us">ARrequest@dllr.state.md.us</a>, or fax to 410-333-7683.

Maryland Registration Number	Ride Name		If this is an inflatable ride, is it 4 feet or over?		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		
		Yes 🗌	No 🗌		

Special Amusement Structures require an additional inspection by the Local Fire Marshall, contact the Local Fire Marshall directly If any of the above listed rides are defined as a Special Amusement Structure.

Department of Labor, Licensing and Regulation Division of Labor and Industry Safety Inspection Unit

1100 North Eutaw Street, Room 605 Baltimore, MD 21201

Telephone Number: (410) 767-2348 • Fax Number: (410) 333-7683

E-mail: dldlisafetyinspection-dllr@maryland.gov